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PATENT

ATTORNEY DOCKET NO. SOVA.016.00US

**COMBINED INVENTOR
DECLARATION AND POWER OF ATTORNEY**

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A Topical Antiandrogen For Hair Loss And Other Hyperandrogenic Conditions

the specification of which

- (check one) ☐ Is attached hereto.
☐ Was filed on _____ and has been assigned Serial Number _____
☒ Was filed on May 25, 2000 as Attorney Docket No. SOVA.016.00US.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information known to me to be material to patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56 and, if applicable, all such information under 37 CFR § 1.56 which became available between the national or PCT International filing date of the prior application and the filing date of this application.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed	
(number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Prior Foreign Application(s)			Priority Claimed	
(number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Prior Foreign Application(s)

Priority Claimed

(number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 USC §112 I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application:

09/502,376 (Application Serial No.)	February 11, 2000 (Filing Date)	Pending (Status)
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(Application Serial No.)	(Filing Date)	(Status)
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(Application Serial No.) * designating the U.S.	(Filing Date)	(Status)
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I hereby appoint:

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BARBARA RAE-VENTER, Ph.D., Reg. No. 32,750
BERTRAM I. ROWLAND, Ph.D., Reg. No. 20,015
JENNIFER WAHLSTEN, Ph.D., Reg. No. 46,226
ROCHELLE A. GIBBONS, Ph.D., Reg. No. 45,611

as my attorneys or agents with full power of substitution and revocation to prosecute my above-identified application for Letters Patent and to transact all business in the Patent Office connected therewith.

Direct all telephone calls to Barbara Rae-Venter, Ph.D. at (650) 328-4400.

Address all correspondence to:

Bertram I. Rowland, Ph.D.
Rae-Venter Law Group, P.C.
P. O. Box 60039
Palo Alto, California 94306-0039

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: Milos Sovak

Inventor's signature: 

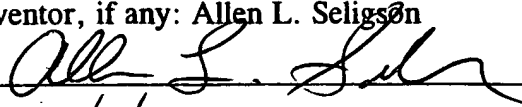
Date: _____

Residence: La Jolla, CA

Citizenship: ~~USA~~ Fed. Rep. Germany

Post Office Address: 3333 N. Torrey Pines Court #100, La Jolla, CA 92037

Full name of second joint inventor, if any: Allen L. Seligson

Inventor's signature: 

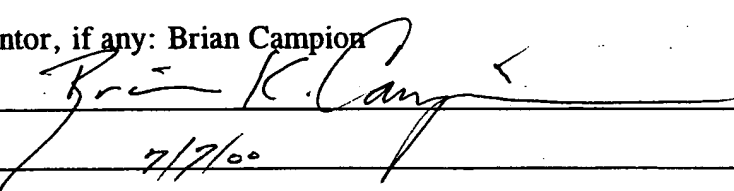
Date: 7/7/00

Residence: San Marcos, CA

Citizenship: USA

Post Office Address: 1770 Deavers Drive, San Marcos, CA 92061

Full name of third joint inventor, if any: Brian Campion

Inventor's signature: 

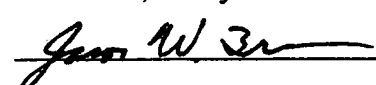
Date: 7/7/00

Residence: San Diego, CA

Citizenship: USA

Post Office Address: 4950 Santa Cruz Avenue, San Diego, CA 92067

Full name of fourth joint inventor, if any: Jason W. Brown

Inventor's signature: 

Date: 7-7-00

Residence: Leucadia, CA

Citizenship: USA

Post Office Address: 959 N. Vulcan Avenue, Leucadia, CA 92024



PATENT

ATTORNEY DOCKET NO. SOVA.016.00US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Milos Sovak *et al.*

) Examiner: (Not yet assigned)

Serial No.: (Not yet assigned)

) Art Unit: (Not yet assigned)

Filed: May 25, 2000

) **VERIFIED STATEMENT**

For: A Topical Antiandrogen For Hair Loss And
Other Hyperandrogenic Conditions

) **(DECLARATION) CLAIMING**

) **SMALL ENTITY STATUS**

) **(37 C.F.R. §§ 1.9(f) & 1.27(c) –**

) **SMALL BUSINESS CONCERN**

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

I hereby declare that I am:

☐ the owner of the small business concern identified below:

☒ an official of the small business concern empowered to act on behalf of the concern identified below:

Name of Concern: Biophysica, Inc

Address of Concern: 3333 N. Torrey Pines Ct. #100, La Jola, CA 92037

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average

CERTIFICATE OF FIRST-CLASS MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231 on

JULY 25, 2000

(Date)

Signature: *Jessica Aldea*

Printed Name: JESSICA ALDEA

over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled:

A Topical Antiandrogen For Hair Loss And Other Hyperandrogenic Conditions

by inventor(s) Milos Sovak, Allen L. Seligson, Brian Campion, Jason W. Brown,

☐ the specification filed herewith

☒ the specification filed May 25, 2000 as attorney docket number SOVA.016.00US.

☐ Patent No. _____, issued _____

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a non-profit organization under 37 CFR 1.9(e).

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

Name _____

Address _____

☐ Individual ☐ Small business concern ☐ Non-profit organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(d)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize

the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Name of Person Signing Milos Sovak
Title of Person Other than Owner President & CEO
Address of Person Signing 3333 N. Torrey Pines Ct. Suite 100, La Jolla
Signature [Signature] CA 92037
Date July 7, 00

BRV:mfc